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(Reque	stor's Name)
(Addre	ss)
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(City/Si	ate/Zip/Phone #)
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(Docun	nent Number)
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COVER LETTER

Division of Co			
CHD 107"C	1/10/75 2/84/	Same	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	[Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	/	/ 201	
	,	Name of Person	
	PADETS	MEANING SEA	evice
	<u></u>	Firm/Company	14
	1000 BRICK	FCC AUE SUITE	715
	M. ami	City/State and Zin Code	
		310, 21112 1212 1214	
	E-mail address:	to be used for future annual rep	ort notification)
For further information of	concerning this matter, please ca	all:	
laway	CHUET	arı 73.6) - 2	908·5256
Name (CAUET of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
(3) \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclose)	S60,00 Filing Fee. Certificate of Status & Gertified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration :		<u>Street Addr</u> Registratio	r <u>ess:</u> on Section
Division of C		_	of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR 16 AM 11: 40

NOETS LYANING	SERVICE SECRETARY OF STATE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	SECRETARY OF STATE NY AS It now appears on our records. FALLAHASSEE. FI II Anability Company)
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>12/000 946652</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 BRICKELL HIVE STR 715
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1000 PRILLEY AUT 578 715 Minimi, for 38131
(Mailing address MAY BE A POST OFFICE BOX)	Manne, fel 35131
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the new registe
New Registered Office Address:	Enter Florida street address
	, Florida

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
		☐ Change	
		□Add	
			□Remove
		☐ Change	
		□Add	
			□Remove
		□Change	
			□Add
		□Remove	
		Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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•	
Note:	ive date, if other than the date of filing:
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3 - 14 - 22
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	7' -
	Tanay (1/1) & 7 Typed or printed name of signer

Filing Fee: \$25.00